

SERIAL NUMBER 09/314,927		FILING DATE 05/20/99	CLASS 370	GROUP ART UNIT 2781 2662	ATTORNEY DOCKET NO. 35.C13533											
APPLICANT	TAKASHI KOBAYASHI, YOKOHAMA-SHI, JAPAN; SHINICHI HATAE, KAWASAKI-SHI, JAPAN; MITSUO NIIDA, YOKOHAMA-SHI, JAPAN; SHINJI OHNISHI, YOKOHAMA-SHI, JAPAN.															
	CONTINUING DOMESTIC DATA*** VERIFIED None P.O.															
	371 (NAT'L STAGE) DATA*** VERIFIED None P.O.															
ADDRESS	**FOREIGN APPLICATIONS***** VERIFIED JAPAN 10-141239 05/22/98 None okay															
	IF REQUIRED, FOREIGN FILING LICENSE GRANTED 06/10/99															
	<table border="1"><tr><td>Foreign Priority claimed 35 USC 119 (a-d) conditions met</td><td><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance</td><td>STATE OR COUNTRY JPX</td><td>SHEETS DRAWING 17</td><td>TOTAL CLAIMS 29</td><td>INDEPENDENT CLAIMS 8</td></tr><tr><td colspan="2">Verified and Acknowledged D.O. Examiner's Initials</td><td colspan="4">Initials</td></tr></table>					Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY JPX	SHEETS DRAWING 17	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 8	Verified and Acknowledged D.O. Examiner's Initials		Initials		
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Verified and Acknowledged D.O. Examiner's Initials		Initials														
TITLE	SEE CUSTOMER NUMBER: 005514															
	DATA COMMUNICATION SYSTEM, APPARATUS AND METHOD THEREFOR, AND COMPUTER READABLE STORING MEDIUM THEREFOR															
FILING FEE RECEIVED \$1,442		FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit											